

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association PAC

ADDRESS (number and street)

1891 Preston White Drive

☐ Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Taxin MD

Signature of Treasurer

Richard Taxin MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2015 To: M M / D D / Y Y Y Y Y Y
02 28 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		261891.77
(b) Cash on Hand at Beginning of Reporting Period.....	411448.95	
(c) Total Receipts (from Line 19)	29362.86	180013.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	440811.81	441905.45
7. Total Disbursements (from Line 31)	123815.57	124909.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	316996.24	316996.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
02 01 2015

To:

M M / D D / Y Y Y Y Y
02 28 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

19338.34

150886.68

(ii) Unitemized

10024.52

29127.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

29362.86

180013.68

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

29362.86

180013.68

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

29362.86

180013.68

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

29362.86

180013.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1046.27	2139.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1046.27	2139.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	122000.00	122000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	769.30	769.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	769.30	769.30
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	123815.57	124909.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123815.57	124909.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29362.86	180013.68
34. Total Contribution Refunds (from Line 28(d))	769.30	769.30
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28593.56	179244.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1046.27	2139.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1046.27	2139.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Lance Lee Arnder

Mailing Address 552 W New Hope Rd Apt C2

City State Zip Code
 Goldsboro NC 27534-7559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne Radiologists PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : C2952270

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Gory Ballester

Mailing Address PO Box 435

City State Zip Code
 San Juan PR 00926

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Puerto Rico

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 08 / 2015

Transaction ID : C2929603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Laura W Bancroft

Mailing Address 375 Virginia Dr

City State Zip Code
 Winter Park FL 32789-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 01 / 2015

Transaction ID : C2922568

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Timothy Andrew Bernauer

Mailing Address 13 Pintail Pl

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : C2936277

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Andrew W Bowman

Mailing Address 5031 Monroe Forest Dr

City

Jacksonville

State

FL

Zip Code

32257-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2015

Transaction ID : C2926346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James A Brink

Mailing Address Massachusetts General Hospital
175 Cambridge St 2nd Floor

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2015

Transaction ID : C2922546

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2960.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin Michael Cregan

Mailing Address Wayne Radiologists
PO Box 1757

City State Zip Code
Goldsboro NC 27533-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2952249

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. David Davis

Mailing Address 1201 E Jackson St

City State Zip Code
Orlando FL 32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Radiology Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : C2936957

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Charles DeLano

Mailing Address 3134 Manhattan Ln SE

City State Zip Code
Grand Rapids MI 49506-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Radiology Services

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2015

Transaction ID : C2929606

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. David Dinan MD

Mailing Address 3599 Imperata Drive

City

Rockledge

State

FL

Zip Code

32955-6094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nemours Children's Hospital

Occupation

Pediatric Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2015

Transaction ID : C2936956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Paul Dixon

Mailing Address 274 Sunnyhill Circle

City

Twin Falls

State

ID

Zip Code

83301-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2015

Transaction ID : C2945162

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vance H Edwards

Mailing Address 1102 Wessex Ct

City

Goldsboro

State

NC

Zip Code

27530-8122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 02 / 2015

Transaction ID : C2952268

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Paul H Ellenbogen

Mailing Address 4240 Prescott Ave Apt 7E

City
Dallas

State
TX

Zip Code
75219-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Imaging & Interven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

MM / DD / YYYY
02 / 16 / 2015

Transaction ID : C2936138

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Jeffrey James Freeman MD

Mailing Address 5280 Mount Cutler Ct

City

Colorado Springs

State

CO

Zip Code

80924-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology and Imaging Consultants

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2015

Transaction ID : C2935990

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Jeffrey James Freeman MD

Mailing Address 5280 Mount Cutler Ct

City

Colorado Springs

State

CO

Zip Code

80924-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology and Imaging Consultants

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2015

Transaction ID : C2935991

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

458.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Edward Douglas Green MD

Mailing Address 106 Windsong Cv

City
Ridgeland

State
MS

Zip Code
39157-8736

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2015

Transaction ID : C2922565

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Daniel T Hankins MD

Mailing Address 165 Saint Ives Dr

City
Madison

State
MS

Zip Code
39110-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Diagnostic Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : C2927686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jay A Harolds

Mailing Address 417 Briar Lane NE

City
Grand Rapids

State
MI

Zip Code
49503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Radiology Services

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : C2935124

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1460.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. C Matthew Hawkins MD

Mailing Address 130 Woodlawn Ave

City

Decatur

State

GA

Zip Code

30030-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Pediatric Interventional Radiologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	5

Transaction ID : C2939770

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Victor R Henderson

Mailing Address PO Box 304

City

Taylor

State

AZ

Zip Code

85939-0304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Healthcare

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	5

Transaction ID : C2945163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sean N Higginson MD

Mailing Address 113 Nationwide Dr

City

Lynchburg

State

VA

Zip Code

24502-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	5

Transaction ID : C2923474

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1460.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Newrhee Kim MD

Mailing Address 3774 Swoboda Rd

City

Verona

State

WI

Zip Code

53593-9123

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin Medical Founda

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

Transaction ID : C2939994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Katarzyna Jadwiga Macura

Mailing Address 5405 Jacks Ct

City

Catonsville

State

MD

Zip Code

21228-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins University

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	5

Transaction ID : C2939415

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Terence A S Matalon

Mailing Address 1606 mount pleasant road

City

Villanova

State

PA

Zip Code

19085

FEC ID number of contributing
federal political committee.

C

Name of Employer

EHN

Occupation

Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	5

Transaction ID : C2939742

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Brian E Munro MD

Mailing Address 3416 Birk Bluff Ct

City	State	Zip Code
Cary	NC	27518-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Radiologists Pa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

Transaction ID : C2952292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jinha Mark Park MD

Mailing Address 5825 Lincoln Avenue, Suite D330

City	State	Zip Code
Buena Park	CA	90620

FEC ID number of contributing
federal political committee.

C

Name of Employer

City of Hope

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2015

Transaction ID : C2929602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kurt A Schoppe

Mailing Address 3212 Heritage Cove

City	State	Zip Code
Grapevine	TX	76051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Associates of North Texas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : C2939749

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

2050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Sanjay Kadandale Shetty MD, MBA

Mailing Address 73 Stonecrest Dr

City

Needham

State

MA

Zip Code

02492-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steward Healthcare System

Occupation

Diagnostic Radiologist

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2015

Transaction ID : C2922545

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. David J St Germain MD

Mailing Address 6 Forrest Ct

City

Metairie

State

LA

Zip Code

70001-6155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2015

Transaction ID : C2929604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Andrew Willman

Mailing Address 315 Deans Ln

City

Goldsboro

State

NC

Zip Code

27530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Radiologists PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2952267

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3550.00

19338.34

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Radiology Association PAC

A. Bank of America - Hard

Date of Disbursement

Transaction ID : D164967

Category/
Type

Amount of Each Disbursement this Period

1046.27

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
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21	22
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73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1046.27

TOTAL This Period (last page this line number only).....

1046.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER COMMITTEE

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 10 / 2015

Mailing Address 631-B PENNSYLVANIA AVE., SE
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Joint Fundraising Committee

Candidate Name

Category/
Type

Transaction ID : D164574

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Full Name (Last, First, Middle Initial)

B. CMR POLITICAL ACTION COMMITTEE

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Category/
Type

Transaction ID : D164749

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 10 / 2015

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to a National Committee PAC

Candidate Name

Category/
Type

Transaction ID : D164577

Amount of Each Disbursement this Period

7500.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Mailing Address 430 South Capitol Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution to a National Committee PAC

Candidate Name

Category/
Type

Transaction ID : D164578

Amount of Each Disbursement this Period

7500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Mailing Address 84-56 GRAND AVENUE
ELMHURST

City	State	Zip Code
NEW YORK	NY	11373

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Category/
Type

Transaction ID : D164583

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Kelly PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Mailing Address 901 N. Washington St.
Suite 700

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Category/
Type

Transaction ID : D164587

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution to a National Committee

Candidate Name

Category/
Type

Transaction ID : D164742

Amount of Each Disbursement this Period

7500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution to a National Committee

Candidate Name

Category/
Type

Transaction ID : D164743

Amount of Each Disbursement this Period

7500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Mailing Address 425 2nd Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution to a National Committee

Candidate Name

Category/
Type

Transaction ID : D164744

Amount of Each Disbursement this Period

7500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

22500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Mailing Address 425 2nd Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution to a National Committee

Candidate Name

Category/
Type

Transaction ID : D164745

Amount of Each Disbursement this Period

7500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Category/
Type

Transaction ID : D164747

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Mailing Address POST OFFICE BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Ami Bera

Category/
Type

Transaction ID : D164760

Amount of Each Disbursement this Period

1500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary
	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: CA District: 07

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City	State	Zip Code
BEL AIR	MD	21014

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Andy HarrisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Transaction ID : D164579

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City	State	Zip Code
SPOKANE	WA	99210

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Transaction ID : D164758

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City	State	Zip Code
GLADSTONE	MI	49837

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Dan BenishekOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Transaction ID : D164581

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

PAGE 22 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City

LONG BRANCH

State

NJ

Zip Code

07740

Purpose of Disbursement

Contribution to a Federal Campaign

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164580

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City

ST. JOSEPH

State

MI

Zip Code

49085

Purpose of Disbursement

Contribution to a Federal Campaign

Candidate Name

Rep. Fred Upton

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State: MI

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164575

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City

HOOD RIVER

State

OR

Zip Code

97031

Purpose of Disbursement

Contribution to a Federal Campaign

Candidate Name

Rep. Greg Walden

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : D164746

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Kevin BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164576

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City	State	Zip Code
NEWBURGH	IN	47629

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Larry BucshonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : D164761

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE

City	State	Zip Code
WASHINGTON	CA	20003

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Linda T. SanchezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164584

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City	State	Zip Code
SUGAR LAND	TX	77496

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Pete OlsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164573

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 Magnolia Ter

City	State	Zip Code
Springfield	MA	01108-2533

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : D164766

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City	State	Zip Code
LOS ANGELES	CA	90071

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164571

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City	State	Zip Code
LOS ANGELES	CA	90071

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164572

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Scalise Leadership Fund

Mailing Address 317 15th St NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution to a Joint Fundraising Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : D164765

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City	State	Zip Code
MANCHESTER	NH	31050

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. Kelly AyotteOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : D164586

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. Richard M. Burr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164569

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. Richard M. Burr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

Transaction ID : D164570

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

122000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bart P Keogh

Mailing Address 232 Belmont Ave E Apt 606

City
SeattleState
WAZip Code
98102-6308Purpose of Disbursement
Refund of Excessive Contribution made 12/26

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : D164752

Amount of Each Disbursement this Period

769.30

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

769.30

769.30
